



# CA-11 DMAT



## Sacramento Disaster Medical Assistance Team

Volume 1, Number 8, March 2003



Above and below are photos of some of the partnerships we have been able to form in our short existence. Commander Sprenger presented the Highway Patrol and Red Cross with letters of appreciation at our Camp Sacramento field exercise.

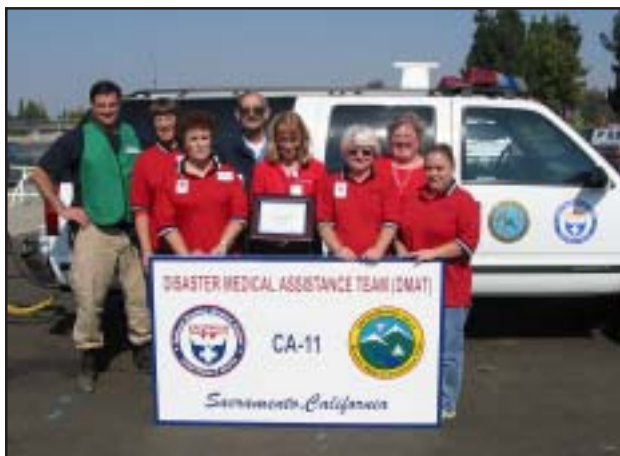
Some members may already know that UC Davis Medical Center and Sutter Medical Center, Sacramento are CA-11's sponsors and have been for some time now. They are recognized on our website but I feel they deserve true thanks for their support and interest in helping

**UC DAVIS**  
MEDICAL CENTER



DMAT CA-11 develop over the past two years. However, sponsorship for our team can not stop there. We need more medical and non-medical community support. If you have a contact or an idea of a potential sponsor please let me know.

*Kelly Scot Moore*



### Upcoming Event Schedule

**April 17, 19:00 - General Meeting**

#### Directions to General Meetings:

*10173 Croydon Way, #4, Rancho Cordova  
Station #1*

Take the Mather Field Road exit off of US 50 and head north, towards Folsom Blvd.  
Turn Left on Croyton Way.

**Team Website: [www.dmatca11.org](http://www.dmatca11.org)**

### Immunization Reminder

I would like to thank all of the CA-11 team members for being diligent in supplying their immunization records to our IZ Team Staff. As of this printing, we have 65 completed team member immunization cards and another 25 in progress. As you probably know, the deadline for approved NDMS team members to be vaccinated was December 31, 2002. I believe our participation has been very good, but I do need to remind all of you who have not provided your immunization information to please contact me as soon as possible at (916) 322-4336, ext. 447 or [smartin@ems.ca.gov](mailto:smartin@ems.ca.gov).

NDMS has provided the team with funding for those of us who have health plans who will not provide immunizations free of charge. CA-11 has contracted with the Doctors Center Medical Group of Orangevale to provide the necessary immunizations.

Before, you can get these immunizations you must contact me to obtain an authorization form to take with you to the Doctors Center Medical Group.

Please contact me anytime for more information and keep up the good work.

*Sheila Martin, Administrative Officer*

# CA-11 Tech Corner

*Article by: Robert Thomas, EMT-1 / Deputy Chief of Operations / Medical Supply Specialist / Computer-GIS Network Specialist*

This section will keep the team updated on various technology tools being used to make us better at what we do. Each month, a different Techo-geek will write an article covering an area of expertise. *As always your suggestions and comments are welcomed and appreciated.*

## Genie:

"Genie" is one brand of a unified communication solution. It ties your various communication numbers and addresses into a "Universal Office". The Universal Office is much more than just a voice-mail system. It is a *virtual* command center that centralizes your communications through one single telephone number. With a "Universal Office", you'll be able to manage all of your incoming calls, voice-mail messages, faxes and even Email. Below are some of the features that are available:



The first thing you or your caller will hear when dialing one of your numbers is your "Genie" announcing your prerecorded welcome Greeting. Your Genie will then offer a menu of options based on your preferences.

**1** Connect your call to [your name] **2** Leave a Message **3** Send a Fax **4** Page **6** Enter Conference "Room"

## Domain and E-mail Aliases:

We now have our own domain name, which is a nice step in branding the Sacramento Regional Disaster Team CA-11 on the World Wide Web. The URL (Universal Resource Locator) is [www.dmatca11.org](http://www.dmatca11.org). The company we purchased this domain name from has some cool features which we are taking advantage of. Here are some of them:

### Email Aliasing:

Using "Email Aliasing" allows us to create an email address with our domain that points to your email account that you have on file with us. For example, any email

sent to [rthomas@dmataca11.org](mailto:rthomas@dmataca11.org) will actually go through my EarthLink account. I receive these emails just as if that email had been sent directly to the Earthlink account. Using these aliases will be a great time saver as the team matures. At the current time, all CA-11 leaders have one or two aliases. The first is in the format of :

*firstname initial + full lastname@dmataca11.org*

The second type is the team positional address. The following are examples of the team position addresses:

*ca11president@dmataca11.org*  
*ca11secretary@dmataca11.org*  
*unitcmdr@dmataca11.org*  
*deputyunitcmdr@dmataca11.org*  
*ops@dmataca11.org*  
*training@dmataca11.org*

These exists so any mailing list that is created with these address will never have to be changed. As personnel move in or out of team positions, all the webmaster has to do is edit the address this alias is pointing to. This makes it easy to send email by title, like [pio@dmataca11.org](mailto:pio@dmataca11.org) instead remembering what Kelly Moore's email address really is (*when you want to send him an article for next month*). This also ads anonymity when it is necessary in dealing with the public. Remember, if you reply to someone and your email program is setup with your real email address, that real address will show up in the "From" section of the header, thus your personal email will be revealed.

We have the opportunity for two more groups of addresses to be setup. Currently the admin folks, E-Board, and the Leadership & Logistics sections are using this feature. Other chiefs that feel they would benefit and would like an email group created for their section, please contact Kelly Moore.

A policy has not been established whether any general team member will be given out an alias. If you think this would be of value, please contact your section chief and they will communicate your wishes to the board.

### ListServe:

Another communication tool at our disposal is the "CA 11 Listserve". A listserve is like an email bulletin board. You send an email to the list & everyone who is subscribed to the list will get the email. Currently it is in use by those planning to attend the NDMS Conference in Reno and was created as a solution that could help facilitate easier communication for rooms/rides/etc. It will be a tool available to everyone once we have our secure member site section setup. The use of Listserve will be announced at the general membership meeting when it is fully ready.

Hope this has been informative and the geek-team look forward to bringing more tools & tips to you next month.

## Commo Corner

*Bruce Hilliard, Commo Chief*

The communications unit consisting of telecommunications, NDMS radios and amateur radio teams is anxiously awaiting delivery of the CA-11 radio cache from NDMS. At present we have the MST cache of handheld radios available as well as the communications van. Our commo van is fully equipped for emergency amateur radio duties and is presently having it's antenna system reworked for faster deployment. The DMAT/EMSA warehouse has also been equipped with HF (long range) and 2-meter base stations. In the near future we will have it fully operational for use as a communications link to deployed personnel in disaster areas.

## Logistics Notes

*Cary Chavez*

**Property Accountability:** As the team begins to receive equipment, everyone is responsible to ensure property is maintained and safeguarded at all times.

Health & Human Services/Office of Emergency Readiness (HHR/OER) defines "accountability" as "an obligation imposed by law for all personal property whether HHS/OER owned, leased, or acquired by loan from another source". It is our responsibility to the nation, taxpayers, and others in the organization to ensure that government owned and leased personal property is safeguarded and protected from abuse, misuse, loss, damaged, or destruction. Listed below are property definitions:

- **Non-expendable Property** – Personal property that is not consumed in use and retains its original identity during and after use and has a value greater than \$5,000.00.
- **Expendable Property** – Personal property that is consumed in use, and loses its identity when used. For example: latex gloves or band-aids.
- **Personally Owned Property** – Any item that is taken to the disaster that was not issued by OER. For example: personally owned camera, laptops, radios, and stethoscopes.
- **Sensitive Property** – Items considered by HHS/OER regardless of dollar value. For example: CPU's Laptops, fax machines, VCR's Cameras.

**Accountability Starts With Everyone!!!!!!!**

## Emergency Medical Services Authority Response Station #1

*Article By: Ken Martzen*

For those of you who think that the "EMSA/CA-11 Warehouse" is just a meeting and storage space for EMSA/CA-11, here are a few tidbits of information and background on this facility....

A few years ago, EMSA's Disaster Medical Services Division proposed to create a field deployment program. The facility is not only the meeting place for CA-11, but it combines a warehouse of emergency response vehicles, equipment and supplies for timely response to disasters in not only California, but anywhere on the west coast or the Pacific Rim as part of a Federal response. In addition, it can function as the back-up Emergency Operations Center for EMSA and/or as the combined Joint Emergency Operations Center with the Department of Health Services.

EMSA Response Station #1 ensures a ready cache of emergency medical resources to rapidly deploy from Sacramento after a disaster. In addition it was designed to function as the Operations Center to oversee that response utilizing the Internet, Amateur Radio, satellite phones and the State's Emergency Services Radio System.

Response Station #1 was designed to house not only the MST and special Federal assets such as the West Coast Disaster Portable Morgue Unit (DPMU) but the basic medical equipment and supplies load for your team, CA-11 DMAT. This is not only your team headquarters for administration and training functions, but Response Station #1 is also being equipped with an emergency management equipment infrastructure to allow for its use in times of a State disaster if the EMSA headquarters facility is adversely affected by the event.

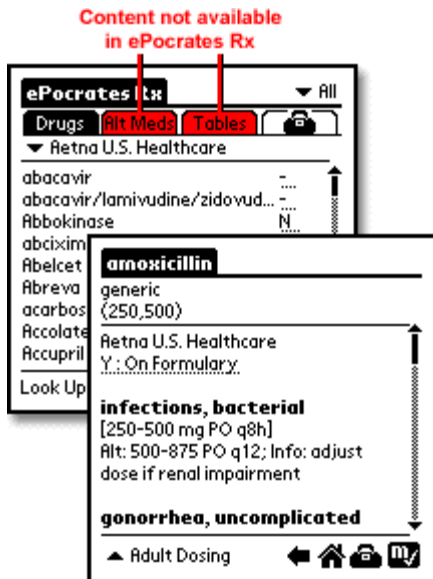
### Team Officers

Unit Team Commander - David Sprenger M.D.  
President - Julie Hamilton  
Vice-President - Warren Bonta  
Secretary - Jim Rich  
Treasurer - James Acosta  
Training Officer - VACANT  
Plans Chief - Penny Miller  
Operations Chief - VACANT  
Logistics Chief - Cary Chavez  
Administrative Officer - Sheila Martin  
Public Information Officer - Kelly Scot Moore  
Newsletter - Robert Newsad



# Handheld Corner

For those of you with a Palm OS handheld, here are a couple of titles that I find to be valuable:

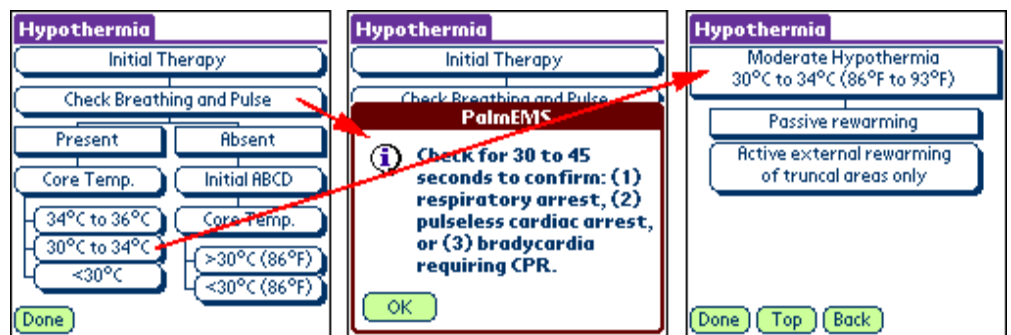


**Epocrates** – this program contains a wonderful amount of data on medications, their interactions, even their pricing! If you work at a certain facility, there may even be a formulary for your facility that works with Epocrates.

Cost: Free for the Rx version, \$49.95 for Pro

System Requirements: Palm OS 3.0 and higher, 2.5MB of free space

URL: <http://www.epocrates.com>



**Mobile EMS** – this program contains just about everything you would want in a field computer at your fingertips. Acronyms, algorithms, anatomical illustrations, ECG arrhythmias, emergency reference cards, medical calculators, and medication information (although not nearly as complete as Epocrates – I use both programs). This company also has a free program, PalmEKG that can be downloaded at <http://palmekg.com/PalmEKG/download.htm>. It is a simple EKG review program.

Cost: \$24.95

System Requirements: Palm OS 3.0 and higher, 500K of free space

URL: <http://www.emszone.com/mobile/>

**Datebk5** – This program REPLACES the standard Palm OS handhelds. This is a feature rich replacement that an appointment is at a glance, works with the To-Do handheld, lets you see Day, Week, Month, Year, and other fantastic! It is well worth the money to get this (and all the non-profit foundation to boot).

Cost: \$24.95

System Requirements: Palm OS 2.0 and higher, 600K of free space

URL: <http://www.datebk5.com>

Well, that's all for this edition! Next month: Beaming 101, or the art of sending things without wires.

*Each newsletter, this section will contain information on accessories. This is not an endorsement of Palm OS by CA-11, just my personal experiences and knowledge. If about Palm OS devices, find me at the meetings!*



Databook that is on all uses icons to see what program on your views, and is just, well, money goes to support a

*Palm OS software and handhelds or software you want to learn more*

# A Quick Catch Up

## *General Membership Announcements from January and February Meetings*

1. There is a minimum of two items that are needed for deployment a **NDMS ID Card** and a **Complete Uniform** See our Website ([www.DMTCA11.org](http://www.DMTCA11.org)) for recommended and required personal deployment equipment
2. Have questions about the **Uniform**? Contact **Cary Chavez, Logs Chief**, @ (916) 381-1617 or **Ken Martzen, Deputy Logs Chief**, at [kmartzen@ems.ca.gov](mailto:kmartzen@ems.ca.gov)
3. **Operations and Logistics Meetings** have been posted on the CA-11 Website Calendar.
4. **If you are part of Operations** and have special certifications or certifications to instruct clinical skills, contact: **Jason Beckett, Ops Chief**, at [jasbeckett@citlink.net](mailto:jasbeckett@citlink.net) or **Robert Thomas, Deputy Ops Chief**, at [rethomas@iname.com](mailto:rethomas@iname.com)
5. Remember to get DMAT Training and **Continuing Education Units** off the web. <http://NDMS.UMBC.EDU>
6. **Mid-Level Provider's Protocols** are drawn up and need to be signed. If you can't make it to the next meeting, then contact Penny Miller, RN, NP, at [plmiller@ucdavis.edu](mailto:plmiller@ucdavis.edu)
7. Still not on the e-mail list for CA-11? Contact **Jim Rich, Secretary**, at [jrich@water.ca.gov](mailto:jrich@water.ca.gov)

---

## Logs are an Active Bunch

Saturday, February 8<sup>th</sup>, following the Logistics meeting, Greg Gilbert, Ted Hussey, Bruce Hilliard, Mike Kalinowski, Ken Martzen, got together and set forth to mount antennas on the roof. The next time you approach the EMSA Station #1, look up. You will notice two newly-erected antennas. One of them, a multi-band HF antenna, capable of contacting amateur radio stations all over the world, and the other antenna, a 2 meter/440 MHz antenna for local communications.

All of these tasks were performed without a single injury and without bothering the mama hummingbird in her nest with her single egg. As you walk in the front door of the station, don't look up, you might get a surprise, falling objects, bird by-products.

I was the helper, I held the camera. – *Jim Holtzman*

Photos are available at <http://shazam.ecs.csus.edu/dmat/>

## “What Do I Have to Live For Now?”

Assessment of suicide risk in the clinical setting is not easy; move that setting to a disaster scene and a difficult task becomes more complicated. Many health care professionals are uncomfortable with potentially suicidal patients. In the austere care environment in which we will operate, pre-planning for suicidal patients is important.

Disasters increase the risk of suicide in a variety of ways. Loss of loved ones or property can cause rapid, severe stress; resources which normally support emotional stability are unavailable; coping mechanisms are impaired; and media coverage can magnify and prolong exposure to disturbing images.

The clinician, normally supported by in-house social workers, psychologists, or psychiatrists, may face the challenge of delayed or unavailable mental health services. County mental health resources may be overwhelmed caring for their normal clientele, who are also affected by the disaster. The DMAT may operate at a distance from other resources, such as Red Cross Disaster Mental Health personnel. Early assessment of available resources may reveal a gap which can be filled through a request through the MST. At minimum, an arrangement for phone consultation with a mental health professional should be requested.

Patients may present at intake with suicidal ideation, may have actually attempted suicide, or the risk may come to light when a history is taken. Patients with a suicide plan, prior suicide attempts, and/or a lack of personal resources are at heightened risk of suicide. A thorough assessment by personnel trained in suicide intervention, whether a licensed clinician or a para-professional, is needed before the patient can be safely discharged.

Certain demographic groups are at higher risk of suicide in general. Suicide rates increase with age and are highest among Americans aged 65 years and older; for young people 15-24 years old, suicide is the third leading cause of death, behind unintentional injury and homicide.

You can increase your knowledge of suicide intervention through classes, books, or information on the internet. Both the Centers for Disease Control ([www.cdc.gov](http://www.cdc.gov)), and the Substance Abuse and Mental Health Administration ([www.samhsa.gov](http://www.samhsa.gov)) are good sources for basic information.

Just as we prepare for the wide variety of physical injuries and diseases we will see in the field, we need to prepare to address emergency mental health issues which may arise.

*Jim Acosta*

# Thoughts on the Year 2002

Robert Thomas, EMT-1  
Medical Supply Specialist  
Deputy Chief of Operations

Well it has been over year that I have been on the team ... time flies when you having fun :>). This has been a very active time for the Operations & Logistics group and it is only going to get

busier with the new cache and equipment arriving in the near future. I would like to start off saying I am impressed with the caliber of folks that have applied to DMAT CA-11. Top-notch, dedicated and well-rounded, I couldn't ask for a better group to work with. One can definitely say we play as hard as we work; some are just better dancers.

;>) With that said, what we experienced in 2002, was a busy calendar; with several major training exercises and deployments. Anyone that participated in Rough & Ready, Wildlands, or Camp Sacramento walked away with a better understanding of what we are about, as well as new friendships and memories (ummm...MRE's). In addition, quite a few members actually participated in several deployments; the major fires across the state, the World Series, and on alerts for several incidences across the country. Plus we moved into our new building, KUDOS goes out to Ken Martzen and everyone involved in the move!

Collectively, this has been a time for development and I think that has happened. As with any volunteer organization, you get what you put into it, so some may feel more prepared than others. The good news about that statement is that there will be plenty more opportunities in 2003 for folks to get the training and develop the skills, so they

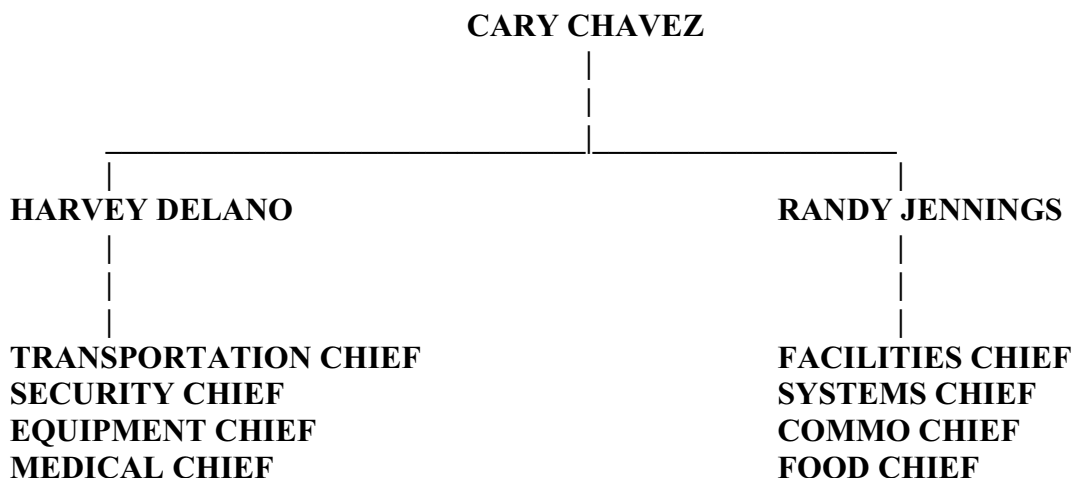
can feel prepared. Operationally, we are almost 3+ deep in all major positions, the leadership is defined, and we are moving forward to make sure competencies are verified, so that anyone in a medical position will be comfortable working in a disaster role within their scope of practice. Logistically, I see this group ready & able to step up for the workload that is forthcoming. Under the guidance of the section chiefs, we will be ready to rock & roll when called upon to do so.



In closing, I would like to wish everyone and your families a very safe and happy holiday. Don't forget to visit the Online Training (<http://ndms.umbc.edu>) and complete your basic modules and stay tuned for exciting 2003 on our new website

address (<http://www.dmatca11.org>). Thank You All for being who you are and wanting to make a difference somewhere out there. Peace!

## DEPLOYMENT CALL DOWN TREE



Each chief would be responsible for calling their team members for the deployment depending upon the number needed. Delano and Jennings would also have a list containing the names/numbers of Deputy Chiefs and names/numbers of each team member.